

Name
in
Full

CERTIFICATE OF DEATH

Frank Allen

TO BE ANSWERED BY
NEAREST FRIENDDied at *Stodolter* ^{Town}*Winchester* ^{County}

MARYLAND

Date of death

1905

Month

May

Day

18

Age

Years

-

Months

6

Days

18

Sex

*Male*Color or
Race*colored*Birth-
place*Winchester Md*

Occupation

*-*Where Residing if not
at place of death*-*Married, Single
or Widowed*-*Name of Wife or
Husband*-*Father's
Name*Robert Allen*Father's
Birthplace*Winchester Md*Mother's
Maiden Name*Edna Collick*Mother's
Birthplace*Winchester Md*Name of person giving
Information*Robert Allen*How related
to deceased*Father*

CAUSES OF DEATH

92

Primary

Bronchitis

How long

6 days

Immediate

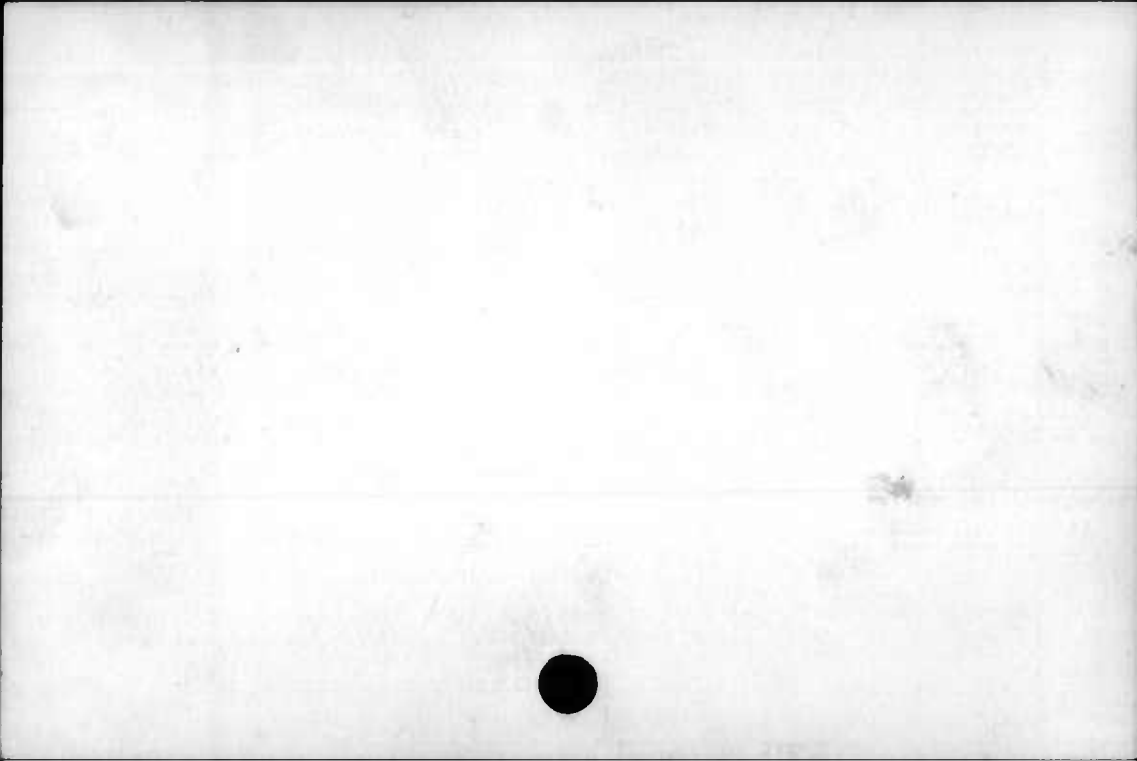
Lobular pneumonia

How long

*8 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*J.D. Dickerson*

Address

*Winchester Md
Stodolter Md*Accident or Suicide? *-*



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

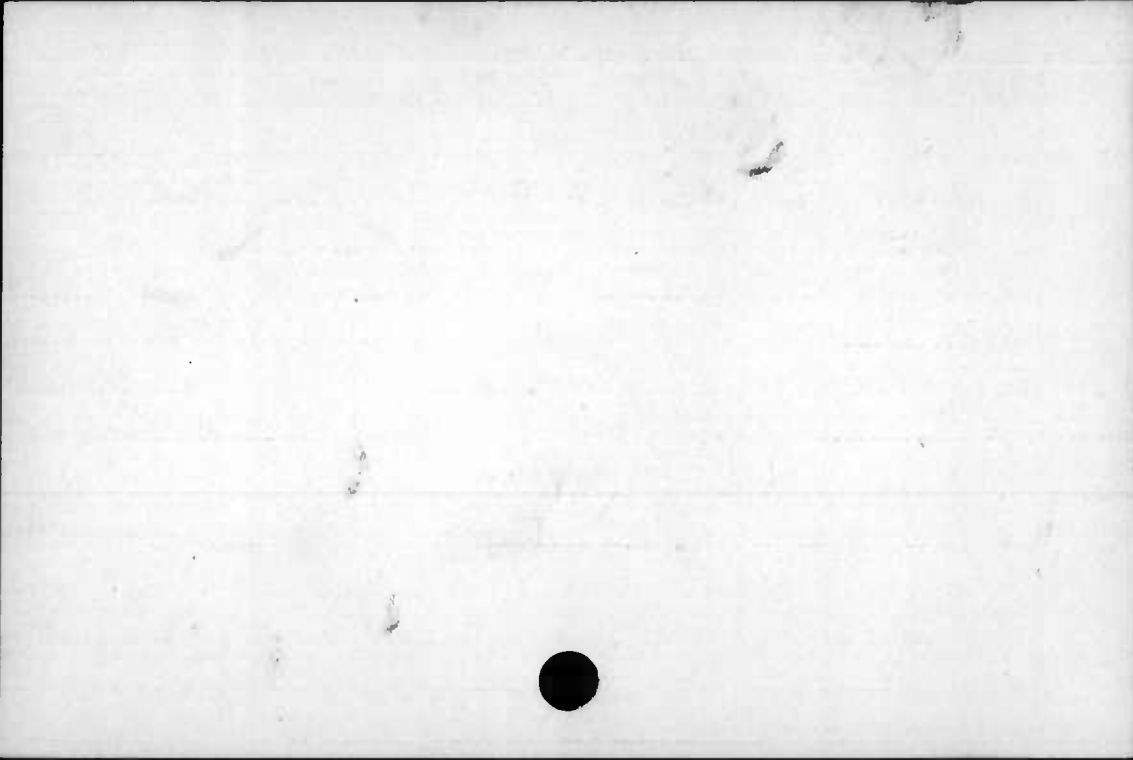
Died at <i>Pennock City</i>		Town <i>Pennock City</i>		County <i>Harlan</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>		Month <i>May</i>	Day <i>23</i>	Age <i>✓</i>	Years <i>✓</i>	Months <i>✓</i>	Days <i>1</i>
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Md.</i>			
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>Stephen Bailey</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Bayha M. E. Kinney</i>				Mother's Birthplace <i>Del.</i>			
Name of person giving information <i>Stephen Bailey</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

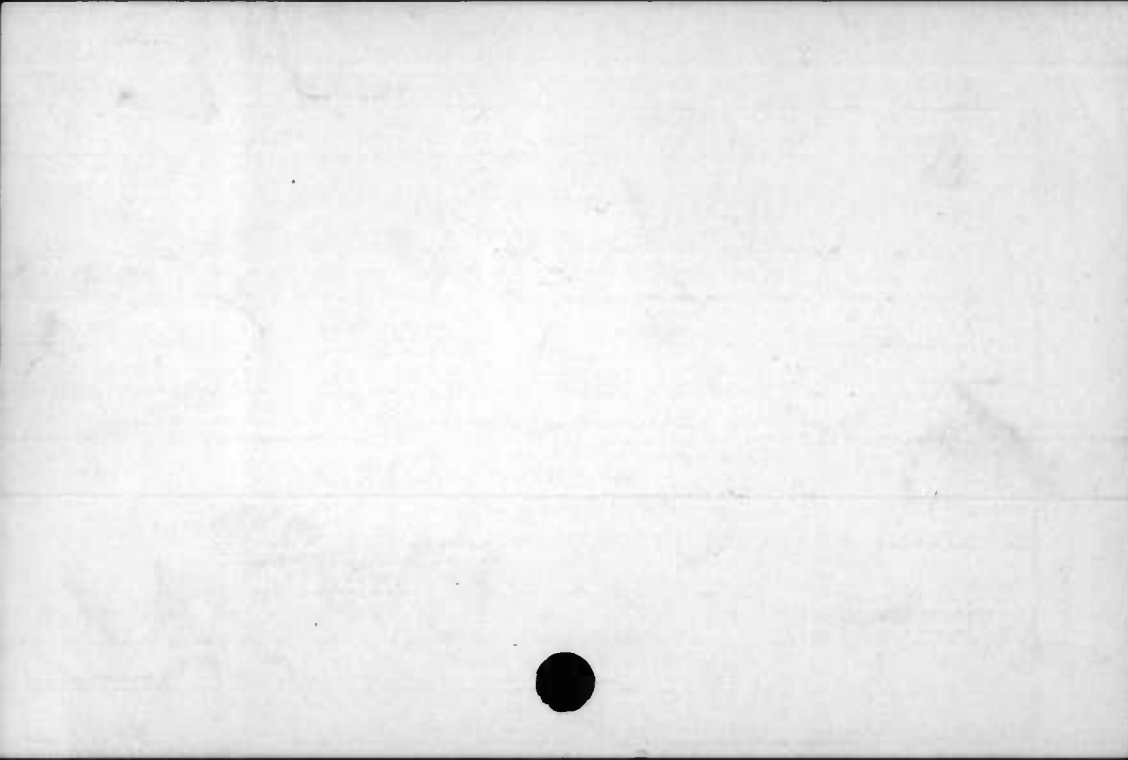
(179)

PHYSICIAN
OR CORONER

Primary	How long <i>Since birth</i>
Immediate <i>Collapsus</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>✓</i>	Signature of Physician <i>J. M. Wilson</i>
	Address <i>Pennock City</i>
Accident or Suicide? <i>✓</i>	



Name in Full		George Bevaus				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Coburns Town		Worcester County		MARYLAND
	Date of death		1908	Month May	Day 3	Age 22	Months unknown Days unknown
	Sex		Male		Color or Race Negro		Birth-place Fruitland, Md.
	Occupation		Laborer		Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		John Waters				Father's Birthplace Prince Georges Ann, Md.
Mother's Maiden Name		Sarah Bevaus				Mother's Birthplace Snow Hill, Md.	
Name of person giving information		Wm Bevaus				How related to deceased Uncle	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pneumonia				How long 7 days
	Immediate		"				How long
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician John L. Riley		
					Address Snow Hill, Md.		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

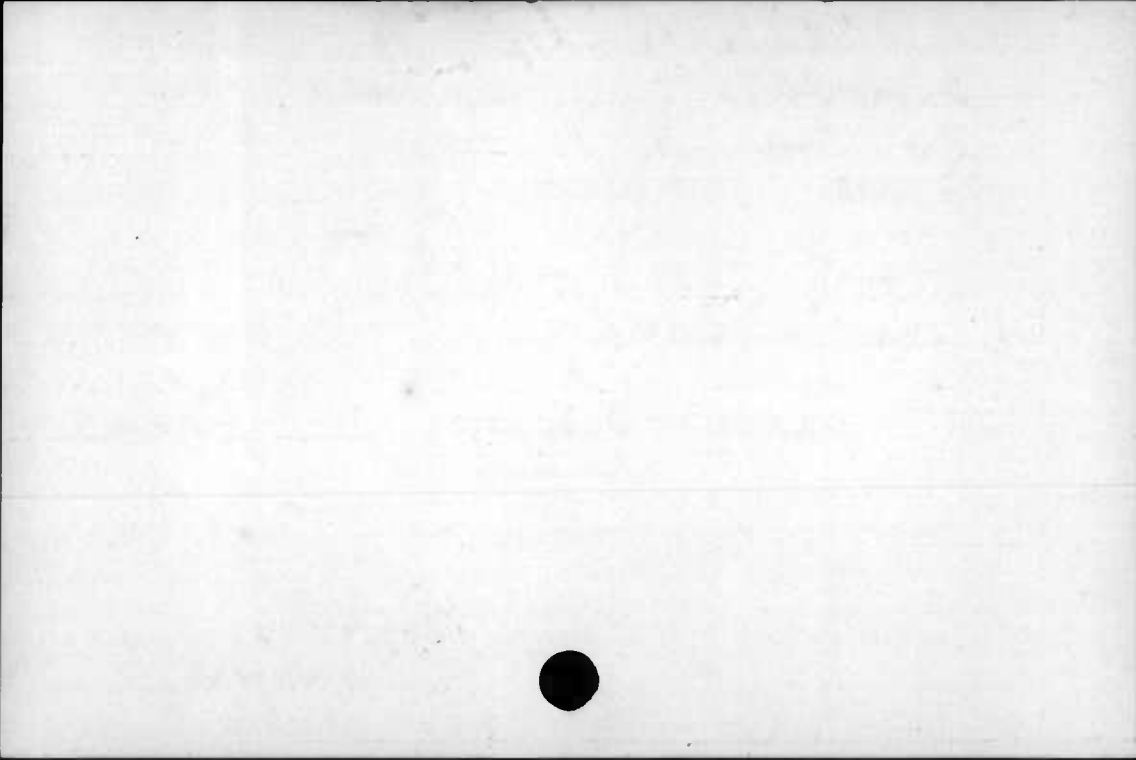
Name in Full Mary Eliza Bishop		County Worcester		MARYLAND	
Died at Snow Hill		Town Snow Hill		State MARYLAND	
Date of death 1908	Month May	Day 18	Age —	Years —	Months —
Sex Female	Color or Race Blk		Birth-place Wor. Co. Md		
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name Levin Bishop			Father's Birthplace Wor Co Md		
Mother's Maiden Name Mary Eliza Purnell			Mother's Birthplace " " "		
Name of person giving information Levin Bishop			How related to deceased Father		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Very weak from birth	How long	6 hrs
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Paul Jones	
		Address Snow Hill Md	
Accident or Suicide? Natural			



Name
in
Full

Viola Bishop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>25</i>	Age <i>—</i>	Months <i>—</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>Blk</i>		Birth-place <i>Wor Co Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Irvin Bishop</i>			Father's Birthplace <i>Wor Co Md</i>		
Mother's Maiden Name <i>Mary Eliza Burnell</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Reuben Bishop</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Weakling - Manteria</i>	How long <i>1 week</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide?	

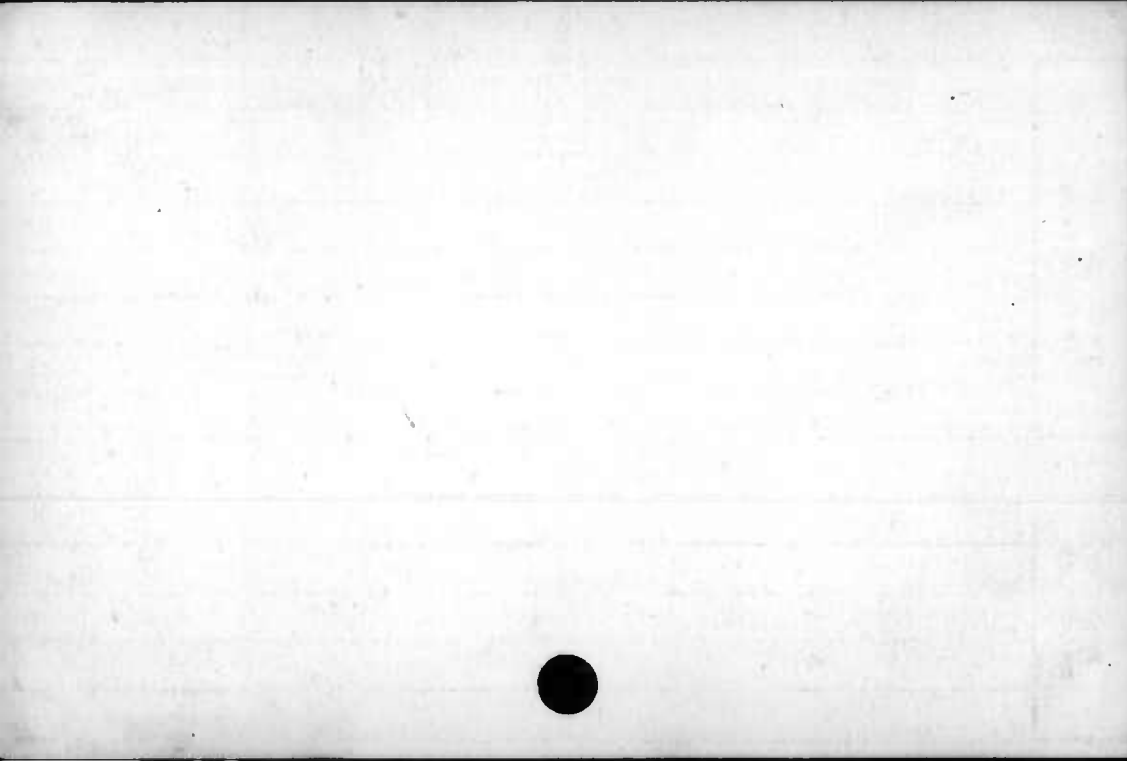


Name in Full		Certificate of Death			
Sarah E. Bratten		MARYLAND			
Died at <i>Box 5</i> ^{Town}		<i>Worcester</i> ^{County}			
Date of death <i>1908</i> ^{Month} <i>May</i> ^{Day} <i>5</i>		Age <i>38</i> ^{Years}		<i>6</i> ^{Months} <i>22</i> ^{Days}	
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Snow Hill, Md</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Charles Bratten</i>			
Father's Name <i>Isaac Halland</i>		Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Harriet Bratten</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Chas. Bratten</i>		How related to deceased <i>Husband</i>			
CAUSES OF DEATH					
Primary <i>Pulmonary Tuberculosis</i>		How long <i>Six years</i>			
Immediate <i>"</i>		How long <i>"</i>			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John L. Riley</i>			
		Address <i>Snow Hill, Md.</i>			
Accident or Suicide?					

TO BE ANSWERED BY
'NEAREST FRIEND

PHYSICIAN
OR CORONER

27



Name
in
Full

Charles F. Brittingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

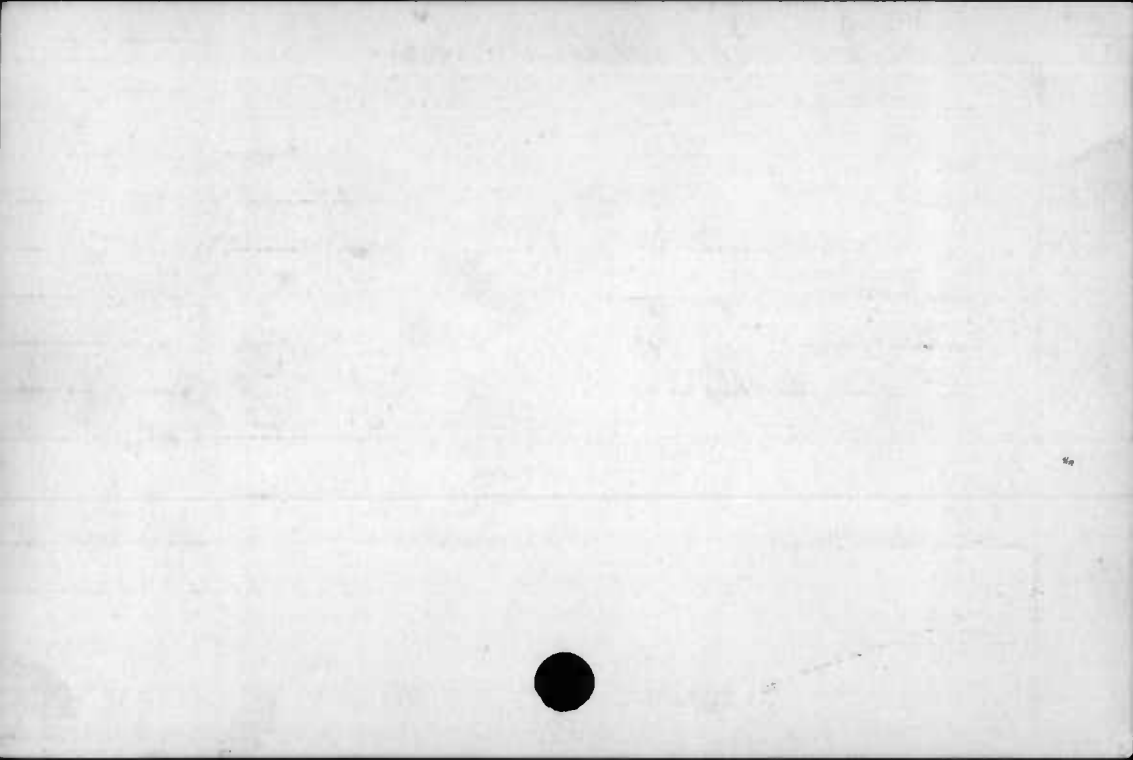
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		May	23	37	6		
Sex	Male	Color or Race	White	Birth-place	Wd		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Daisy Brittingham							
Father's Name	John E. Brittingham			Father's Birthplace	Wd		
Mother's Maiden Name	Mary Ann Hill			Mother's Birthplace	Va		
Name of person giving information	John E. Brittingham			How related to deceased	Father		

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	Chest shot through right lung		How long	Suddenly
Immediate	Collapsed		How long	14 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			J. Wilson	
			Address	
			Baltimore City	
Accident or Suicide?		Murdered	Coroner's Physician	



Name
in
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

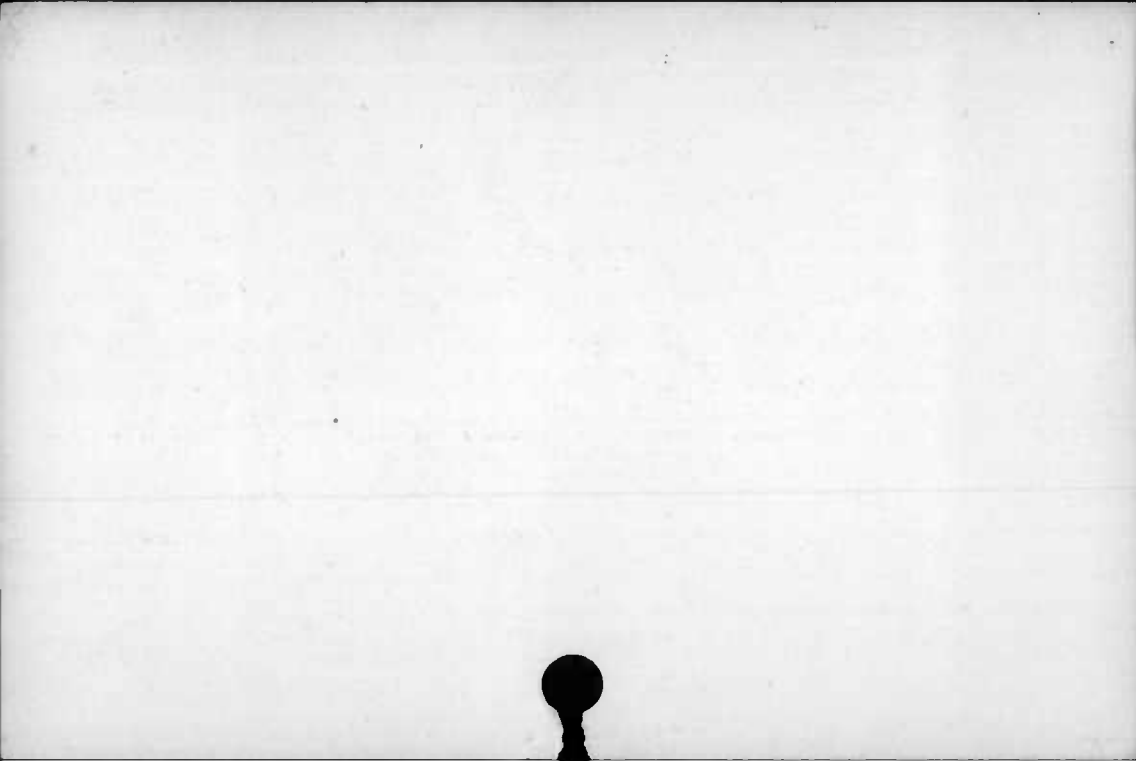
Name in Full <i>Elizabeth P. Byrd.</i>		Town <i>Pennsboro City</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Pennsboro City</i>		Date of death <i>1908 May 13</i>		Age <i>42</i>		Months <i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife Husband <i>Franklin H. Byrd.</i>					
Father's Name <i>Thomas Johnson</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Elizabeth A. Sebastian</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Franklin H. Byrd.</i>		How related to deceased <i>Husband.</i>					

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary	<i>Transverse Myelitis</i>	How long	<i>4 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 month.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Wilson</i>	
		Address <i>Pennsboro City</i>	
Accident or Suicide? <i>r</i>			



Name
in
Full

CERTIFICATE OF DEATH

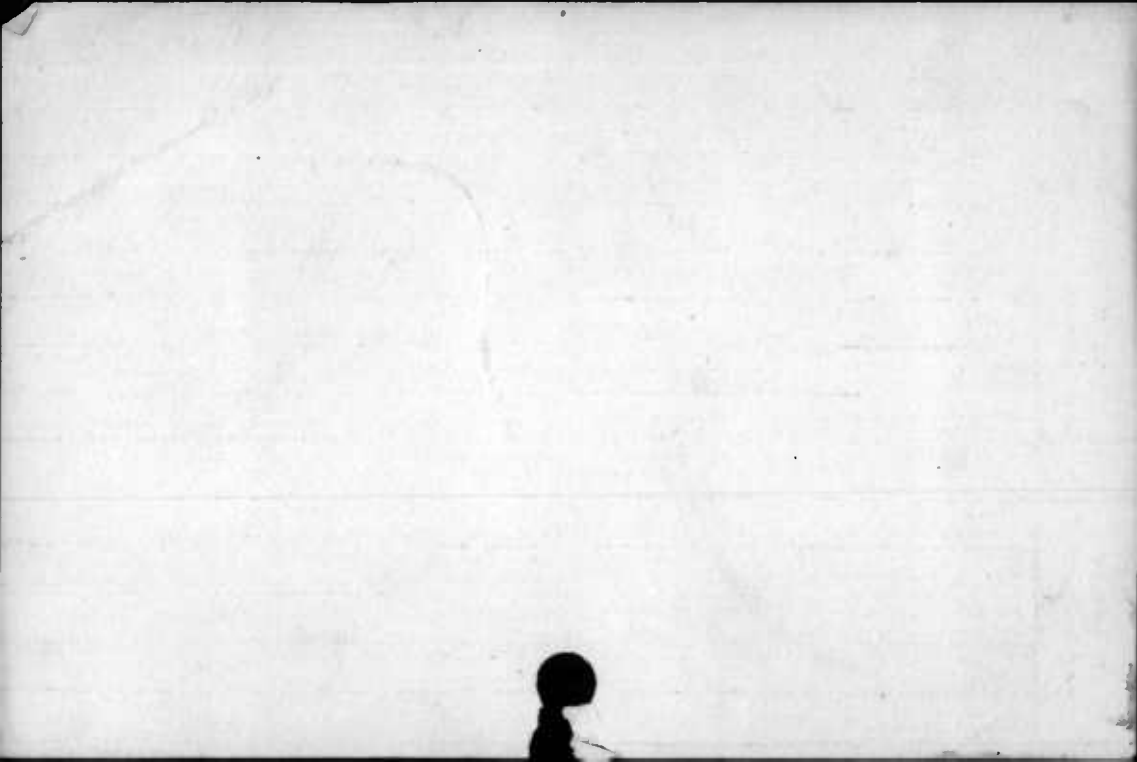
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Walton L. Dickinson</i>		Town <i>Coulbourn</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Died at <i>Coulbourn</i>		Month <i>May</i>		Day <i>16</i>		Years <i>1</i>	
Date of death <i>1908</i>		Month <i>May</i>		Day <i>16</i>		Years <i>1</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>		Days <i>10</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Marion Dickinson</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary E. Birch</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Marion Dickinson</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chill followed by high fever</i>		How long <i>about 12 hrs</i>	
Immediate <i>Convulsions</i>		How long <i>one hour</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>No Physician</i>	
		Address <i>O.R.</i>	
Accident or Suicide?			



Name
in
Full

Edith W. Dryden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

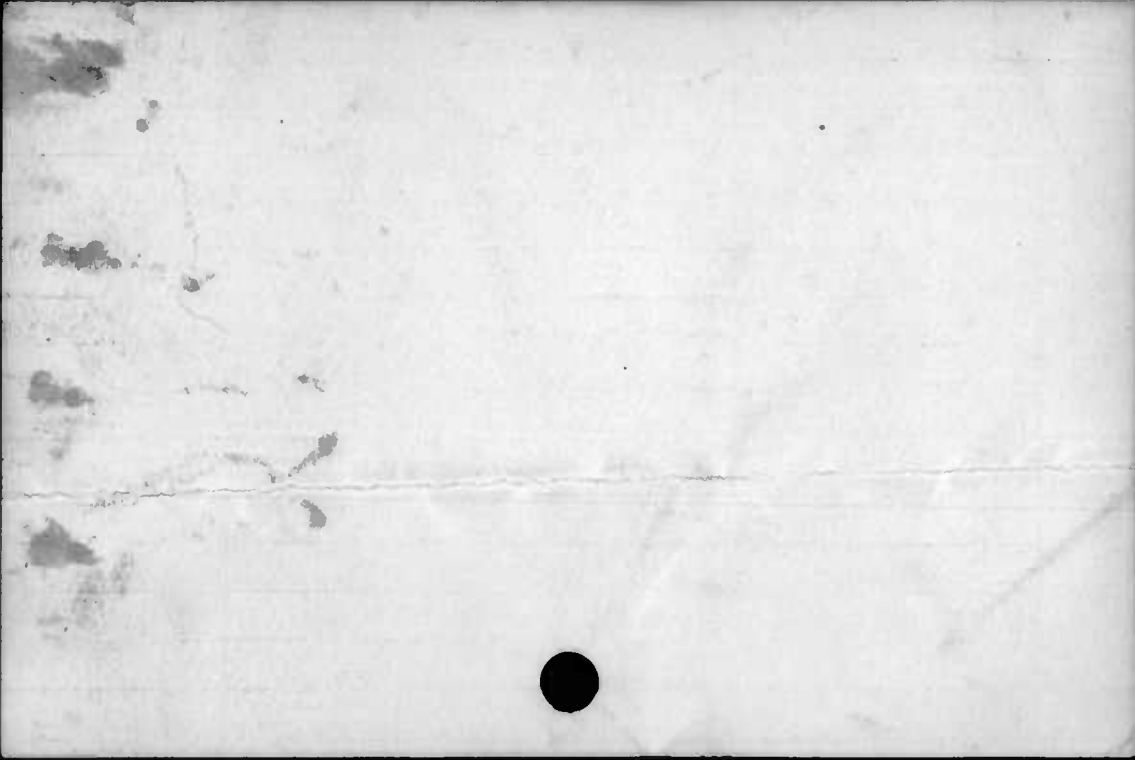
Died at <i>Gumtackville</i>		Town <i>Accomack</i>		County		State <i>Maryland</i>	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>18</i>	Age <i>18</i>	Years	Months <i>7</i>	Days <i>22</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>				
Occupation <i>L</i>			Where Residing if not at place of death <i>L</i>				
Married , Single			Name of Wife or Husband <i>L</i>				

Father's Name <i>Chas. Dryden</i>	Father's Birthplace <i>Ind</i>
Mother's Maiden Name <i>Fannie Townsend</i>	Mother's Birthplace <i>Ind</i>
Name of person giving information <i>Chas. Dryden</i>	How related to deceased <i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>2 weeks</i>
Immediate <i>Meningitis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John D. Dickerson</i>
	Address <i>Stockton Md</i>
Accident or Suicide?	<i>Waverly Co</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary A. Burr

Died at Snow Hill TownCounty Worcester

MARYLAND

Date of death 1908 Month May Day 27Age 78 YearsMonths 11Days 16Sex femaleColor or Race WhiteBirth-place Ind.Occupation —Where Residing if not at place of death —~~Married, Single~~
~~Widowed~~Name of ~~Wife or~~ Husband John H. BurrFather's Name Faenith MaddoxFather's Birthplace IndMother's ~~Maids~~ Name Elyabth MaddoxMother's Birthplace IndName of person giving Information Frank BurrHow related to deceased Son

CAUSES OF DEATH

179

Primary

How long

Immediate

How long

3 wks.Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

W. D. Strangher.
Snow Hill. Md.Accident or Suicide? no



Name
in
Full

Esther P. Hammond

CERTIFICATE OF DEATH

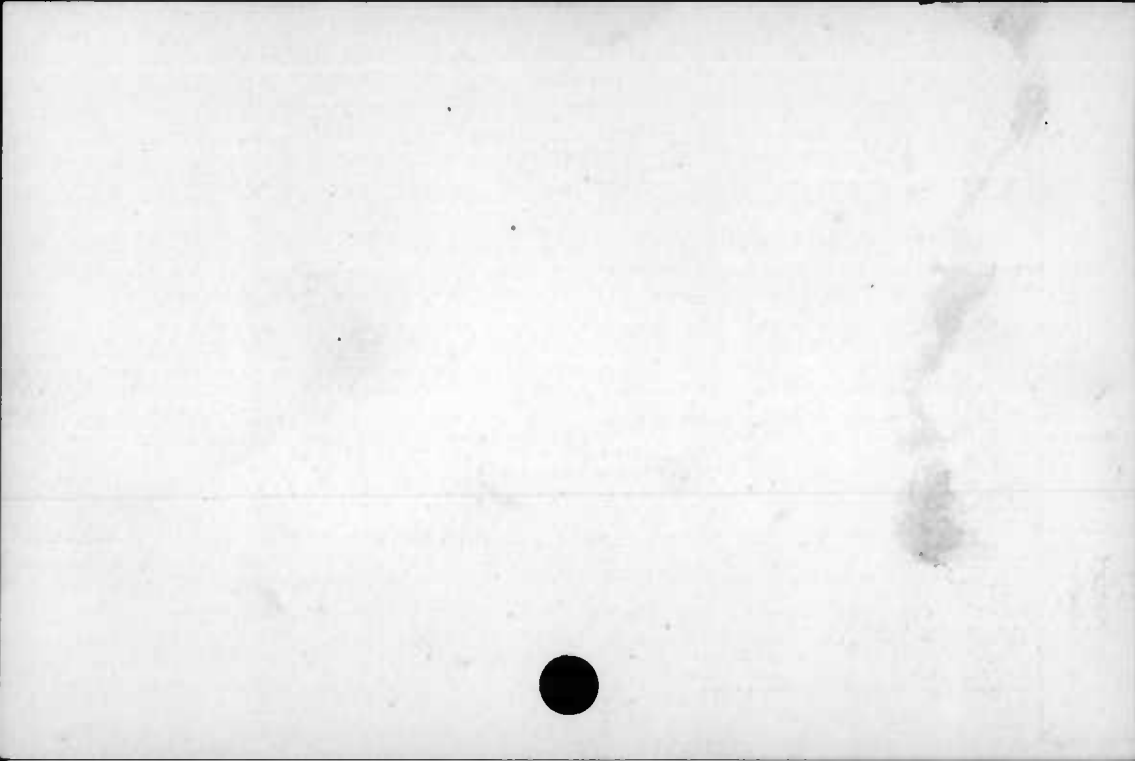
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> Town			<u>Wor</u> County			MARYLAND		
Date of death <u>1907</u>		Month <u>5</u>	Day <u>26</u>	Age <u>78</u> Years	Months <u>-</u>	Days <u>-</u>		
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Md</u>				
Occupation <u>H. wife</u>				Where Residing if not at place of death				
Married, Single Widowed				Name of Wife or Husband <u>Dr John Hammond</u>				
Father's Name <u>Purnell Goodwin</u>				Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>unknown</u>				Mother's Birthplace <u>unknown</u>				
Name of person giving information <u>Jno H Burdage</u>				How related to deceased <u>None</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Fatty dilatation of heart -</u>	How long <u>3 yrs</u>
Immediate	<u>Incompetency & exhaustion</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Clv Drickson</u>
		Address <u>Berlin Md</u>
Accident or Suicide?		



Name
in
Full

Amey Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Berlin ^{Town} Wom ^{County} **MARYLAND**

Date of death 1909 ^{Month} 5 ^{Day} 18 ^{Years} 80 ^{Months} 4 ^{Days} 4

Sex Female Color or Race Colored Birth-place md

Occupation Farmer's Wf Where Residing if not at place of death

~~Married, Single~~ ~~Widowed~~ ^{Name of Wife or Husband} Milby Henry

Father's Name unknown Father's Birthplace md

Mother's Maiden Name md Mother's Birthplace md

Name of person giving information Geo W Burbage How related to deceased Niece.

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Phthisis Pulmonaris How long Several years

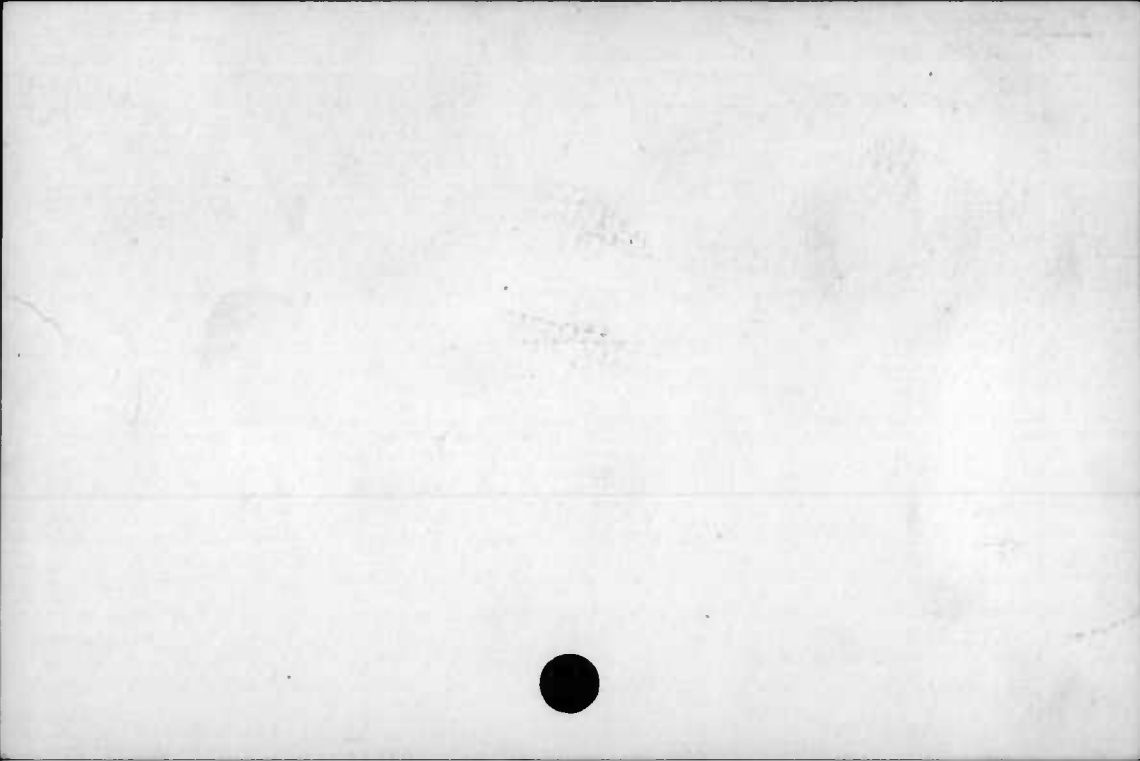
Immediate Phthisis Pulmonaris How long Several years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician James Pitts

Address Berlin, Maryland

Accident or Suicide?



Name In Full		Ezekiel Hudson				CERTIFICATE OF DEATH	
		Town Taylorville		County Wor		MARYLAND	
Died at		Date of death		Age		Months Days	
1908		5		4		49	
Sex		Color or Race		Birth-place			
Male		White		Md.			
Occupation		Where Residing if not at place of death					
Farmer		Md.					
Married, Single or Widowed		Name of Wife or Husband					
Ezekiel Hudson		Eola Hudson					
Father's Name		Father's Birthplace					
Ezekiel Hudson		Md.					
Mother's Maiden Name		Mother's Birthplace					
unknown		Md.					
Name of person giving information		How related to deceased					
Dr. H. Burbage		None.					
		CAUSE OF DEATH		(40)			
Primary		How long					
Cancer of Liver		6 months					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		E. J. Holland					
		Address					
		1 Bailey					
		Md.					
Accident or Suicide?							

buried 6" deep,
near Friendship

0-70-10-16

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u>		County <u>Worcester</u>		State <u>MARYLAND</u>	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>14</u>	Age <u>5</u>	Years <u>9</u>	Months <u></u>
Sex <u>male</u>	Color or Race <u>black</u>		Birth-place <u>Ind</u>		
Occupation <u></u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u></u>			Name of Wife or Husband <u></u>		
Father's Name <u>Geo Johnson</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Laura Causter</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Geo Johnson</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

How long

5 weeks

How long

PHYSICIAN
OR CORONER

Primary

Dysphoid fever

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

I think

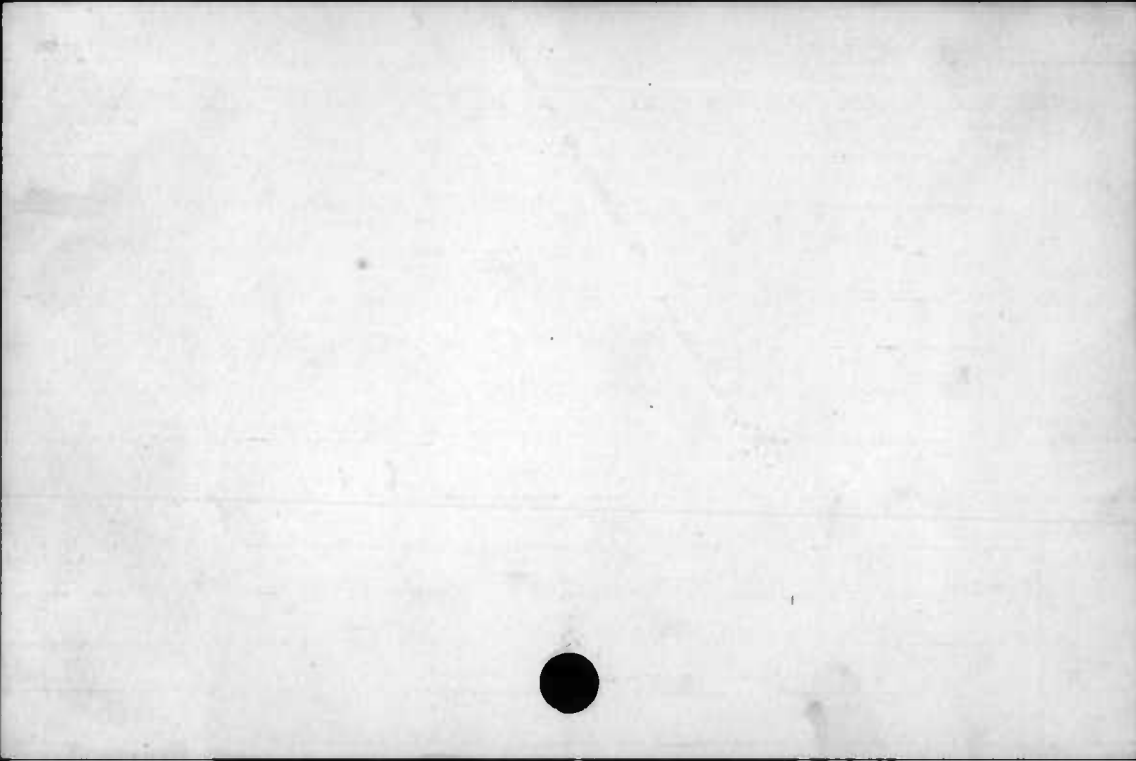
Signature of Physician

Address

S. J. DelocheSnow Hill

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Maing E. Lane*
Died at *Pocomoke City* TownCounty *Worcester*

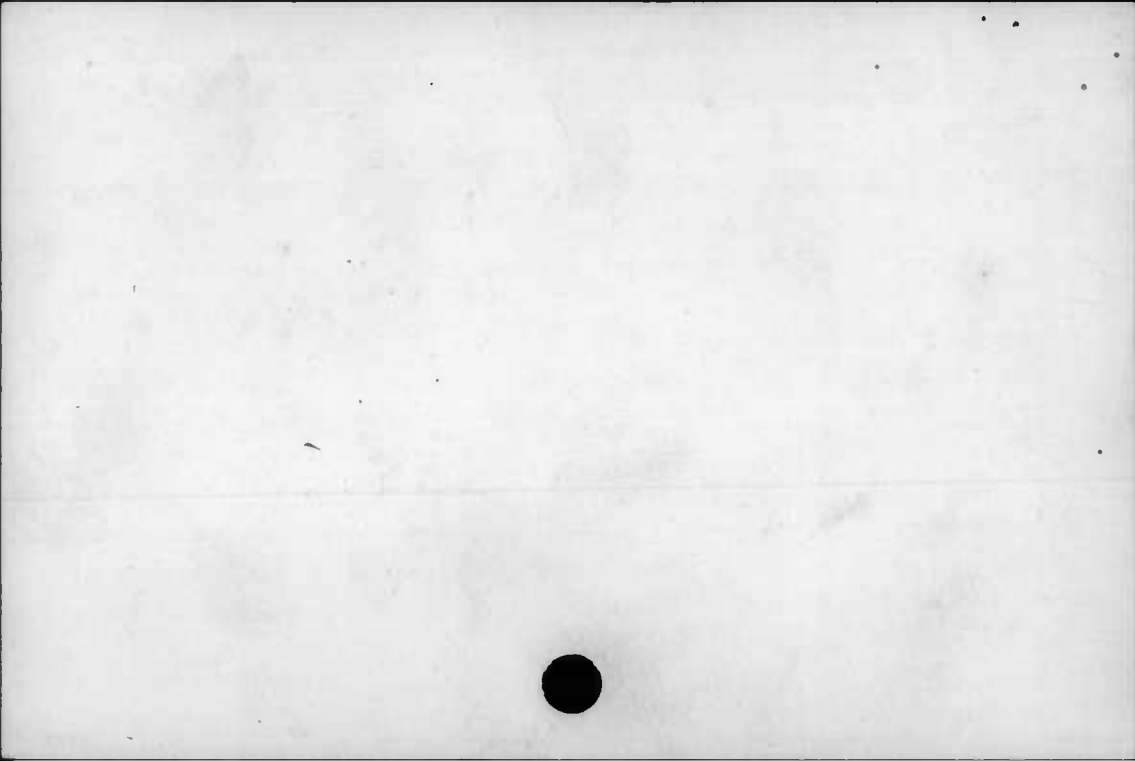
MARYLAND

Date of death *1908* Month *May* Day *23* Age *60* Years Months *✓* Days *✓*Sex *Female* Color or Race *Caucasian* Birthplace *Do not know*Occupation *None* Where Residing if not at place of death *✓*Married, Single or Widowed *Widow* Name of Wife or Husband *Lloyd Lane*Father's Name *Do not know* Father's Birthplace *Unknown*Mother's Maiden Name *Do not know* Mother's Birthplace *Unknown*Name of person giving information *Lloyd Aydelotte* How related to deceased *Son in law*

CAUSES OF DEATH

154

Primary *Swift decay* How long *3 yrs*Immediate *Cerebral* How long *2 m*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. Wilson*Address *Pocomoke City*Accident or Suicide? *✓*



Name
in
Full

Wm B. Lockwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

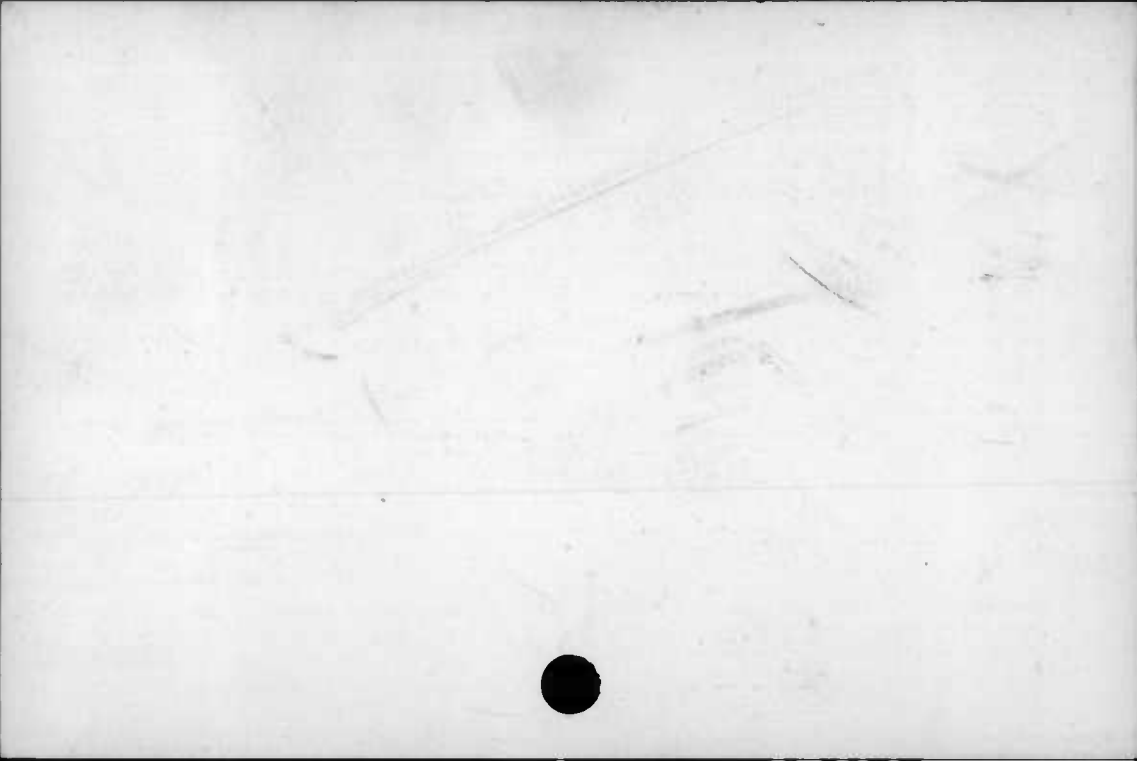
Died at <u>Berlin</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>57</u> <small>Month</small>	<u>26</u> <small>Day</small>	<u>2</u> <small>Years</small>	<u>4</u> <small>Days</small>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Philadelphia</u>			
Occupation <u>None</u>		Where Residing if not at place of death <u>Berlin, Md</u>			
Married, Single <u>Married</u>		Name of Wife or Husband <u>~~~~~</u>			
Father's Name <u>Oscar W Lockwood</u>		Father's Birthplace <u>Del</u>			
Mother's Maiden Name <u>E. C Phillips</u>		Mother's Birthplace <u>Del</u>			
Name of person giving information <u>Jno W Burbage</u>		How related to deceased <u>None</u>			

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <u>Tubercular Meningitis</u>	How long <u>2 weeks</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Ebe Holland</u>
	Address <u>Berlin</u>
Accident or Suicide? <u>✓</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		May	23			6	
Sex	Male			Color or Race	Colored.		Birth-place
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Rev John M ^c Kinney				Father's Birthplace	
Mother's Maiden Name		Bertha Waters				Mother's Birthplace	
Name of person giving information		Rev John M ^c Kinney				How related to deceased	
						Father	

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	Spasms		How long	Suddenly
Immediate	Sudden Collapse		How long	Suddenly
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		J. M. Wilson		
		Address		
		Pocomoke City		
Accident or Suicide?				





Name
in
Full

Alfred Richardson child

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bethesda Town Merced County MARYLAND

Date of death 1908 Month May Day 23 Age — Years — Months — Days 4

Sex Male Color or Race white Birth-place Maryland

Occupation — Where Residing if not at place of death —

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Alfred Richardson

Father's
Birthplace

Maryland

Mother's
Maiden Name

Kate Turgey

Mother's
Birthplace

Maryland

Name of person giving
Information

Alfred Richardson

How related
to deceased

Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Pneumonia

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

no Dr. in called to me

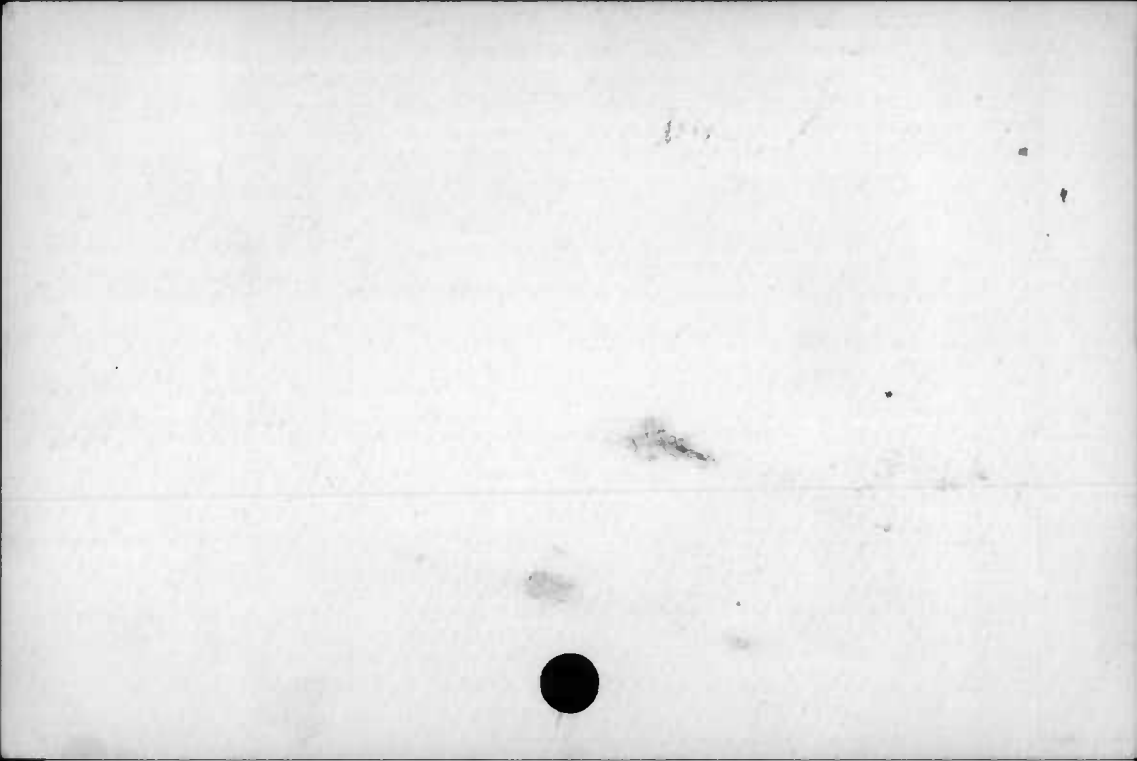
Address

OK.

L. J. Evans

Accident or Suicide?

undertaken



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

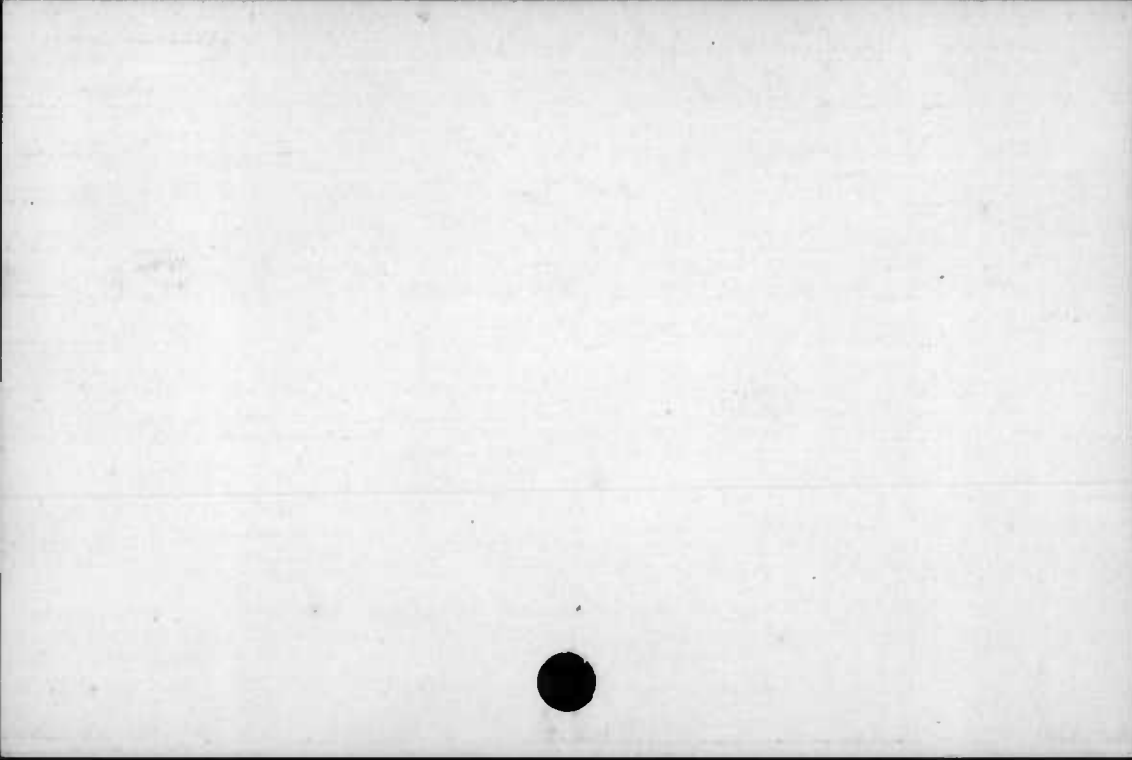
Name in Full <i>Benjamin Spencer</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Snow Hill</i>		Month <i>May</i>		Day <i>23</i>		Years <i>15</i>	
Date of death <i>1908 May 23</i>		Months <i>7</i>		Days <i>1</i>			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Hermitta Spencer</i>					
Father's Name <i>John Benjamin Spencer</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving Information <i>Chas. Spencer</i>		How related to deceased <i>Half brother</i>					

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

Primary <i>Improving Ice-Mail</i>		How long <i>Do not know</i>	
Immediate <i>Erysipelas</i>		How long <i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. D. Spangher</i>	
		Address <i>Snow Hill. Ind</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Patomock city</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death	1908	Month	May	Day	28	Years	Age 30
Sex	Female		Color or Race	White		Birth-place	Worcester Co
Occupation	<i>Housewife</i>		Where Residing if not at place of death		<i>Attensmo Dr St</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		<i>Mrs Wm J Taylor</i>		
Father's Name	<i>William Manner</i>				Father's Birthplace	<i>Worcester Co</i>	
Mother's Maiden Name	<i>Pussy</i>				Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>Clarence Barnes</i>				How related to deceased	<i>neighbor</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>a year</i>
Immediate	<i>exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Saml S Quinn</i>	
		Address	
		<i>Patomock city Md</i>	
Accident or Suicide? <i>I only saw this person once</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *E. Annie Turner*

Town *Snow Hill* County *Worcester* MARYLAND

Died at *Snow Hill*

Date of death *1909 May 14* Age *39* Months *6* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *House wife* Where Residing if not at place of death *—*

Married, ~~Single~~ *Widowed* Name of ~~Wife or~~ Husband *Walter Turner*

Father's Name *Joshua Coffey* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary E. Hancock* Mother's Birthplace *Ireland*

Name of person giving information *Joshua Coffey* How related to deceased *Father*

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary *Acute Brights* How long *1 week*

Immediate *Uraemic Coma* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. D. Strangine*

Address *Snow Hill, Md.*

Accident or Suicide? *No*

(111)